CANDIDATE OATH -
STATE AND LOCAL PARTISAN OFFICE

Check applicable one:

☐ Candidate with party affiliation

☐ Candidate with no party affiliation

☑ Write-in candidate

Candidate Oath
(Section 99.021(1)(a), Florida Statutes)

I, _Rhonda R. Buice_

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐. (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the office of _County Commissioner_ , _____ , _____ ,

      (Office)   (District #)   (Circuit #)

_____ ; I am a qualified elector of _Palm Beach_ County, Florida; I am qualified

(Group or Seat #)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Party
(Section 99.021(1)(b), Florida Statutes)

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

I am a member of the _INDEP RB_ Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

Candidate's Florida Voter Registration Number (located on your voter information card): _112617723_
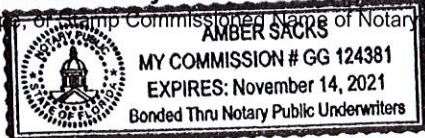
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (*see* instructions on page 2 of this form): *[Not applicable to write-in candidates.]*

_____

X _[signature]_   (561) 723-5097   RENEEBUICE@Gmail.Com

Signature of Candidate   Telephone Number   Email Address

7 Thurston Drive, Palm Beach Gardens, FL 33418

Address   City   State   ZIP Code

STATE OF FLORIDA

COUNTY OF _Palm Beach_

[signature] Amber Jacks

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

AMBER SACKS
MY COMMISSION # GG 124381
EXPIRES: November 14, 2021
Bonded Thru Notary Public Underwriters

Sworn to (or affirmed) and subscribed before me by physical ☑ or online ☐ presence this _11th_ day of _June_ , 20 _20_ .

Personally Known: _____ or Produced Identification: _✓_

Type of Identification Produced: _FLDL_

DS-DE 301SL (Rev. 04/20)   Rule 1S-2.0001, F.A.C.

FORM 6	FULL AND PUBLIC DISCLOSURE	2019
	OF FINANCIAL INTERESTS	

Please print or type your name, mailing address, agency name, and position below:

LAST NAME — FIRST NAME — MIDDLE NAME:
BUICE RHONDA RENEE

MAILING ADDRESS:
7 THURSTON DR

PALM BEACH GARDENS

CITY: ZIP: 33418 COUNTY: PALM BEACH

NAME OF AGENCY:
COUNTY COMMISSIONER

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE ✓

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of MAY 29 , 20 20 was $ $95,000 .

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ _____

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Computers	3,000
TV's	3,000
Furnishings	5,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
TD BANK	$23,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

CE FORM 6 - Effective January 1, 2020
Incorporated by reference in Rule 34-8.002(1), F.A.C.

(Continued on reverse side)

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PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website. SUPERVISOR OF ELECTIONS

☐ I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.] 2020 JUN 11 AM 11: 51

PALM BEACH COUNTY, FL

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME 33435	AMOUNT
IMPERIAL INSURANCE	322 W. Boynton Blvd, Boynton Beach	$ 30,000
AGENT PLUS REALTY	206 So Military Trail, Deerfield, fl 33442	$ 10,000

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.
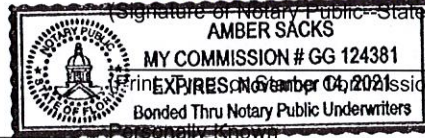
(signature)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me by means of
☑ physical presence or ☐ online notarization, this 11th day of
June, 2020 by Rhonda Renee Buice

Amber Sacks
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ✓
Type of Identification Produced FLDL

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature	Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

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